

## CITY OF EASTHAMPTON

#### **BOARD OF HEALTH**

50 Payson Avenue Easthampton, MA 01027 (413) 529-1430 TEL (413) 529-1442 FAX



### 2023 Mobile Food Establishment Application/Renewal Process

Mobile Food permits expire on December 31 each year. Your permit must be renewed **before** your first event in 2023. Please read the instructions below before requesting an inspection.

## Important Instructions/Notes for Renewal

- 1. Fill out and submit the Health Department Mobile Food Establishment application, including the applicable fee, <u>before</u> scheduling an inspection. All required attachments must be submitted before an inspection can be scheduled. I have included the Health Department Mobile Food Application.
- 2. Email both the Health Inspector and Fire Prevention Captain on one email with 3 possible dates/times for an inspection that works for you.

<u>bchapdelaine@easthamptonma.gov</u>
413-529-1400 x 124

Health Inspector

dconstantine@easthamptonma.gov
413-527-4200 x 2120

Fire Prevention Captain

- 3. The Health Inspector and Fire Prevention Captain will 'reply all' with their availability.
- 4. Inspections will take place during business hours, Monday-Thursday, at 50 Payson Ave., Easthampton.
- 5. <u>AT LEAST</u> 2 weeks of notice is required. Inspection availability is not guaranteed within a 2-week period; therefore, providing as much advance notice is highly recommended.
- 6. Inspections will not take place on the day of the event.

Also included in this letter is a checklist created by the Health Department to help guide and prepare you for the inspection. Please perform a self-check before arriving at your inspection to save time and avoid re-inspections. This checklist changes often; therefore, please review it, as it may have changed since your last inspection.

We look forward to seeing you in 2023!



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### **Application to Operate a Mobile Food Unit**

Fee: \$100

One Time Plan Review Fee: \$100 (for first time applicants only)

Mobile food units and pushcarts shall operate in compliance with 105 CMR 590.000 – Minimum Sanitation Standards for Food Establishments

Business Name:

		For office use only:
Owner Name:		Date rec'd:
Owner Address:		Cost:
Owner Phone #:	Owner Email:	Check #/cash:
Base of Operation:		Staff initials:
Base of Operation Address:		
Base of Operation Phone #:		
Type of Unit: Mobile	Pushcart (limited to no	on-TCS foods only)
<ul> <li>Photos of unit including from business. (Not required for responsed menu)</li> <li>Names and addresses of food</li> <li>Food Protection Manager ce</li> <li>Allergen Awareness certifica</li> <li>Declaration of Base of Opera</li> <li>Copy of current Base of Opera</li> </ul>	ertificate ate rations erations permit your unit, please view the Mob	oile Food Establishment
Pre-Operational Checklist fo	or guidance prior to scheduling	your inspection.
Signature:		
Title:	Date	e:

## **Declaration of Base of Operations**

Pursuant to 105 CMR 590.009(A) (B) Caterers, 105 CMR 590.009 (B) 12) Mobile Units and Pushcarts shall operate from a base of operations.

- (1) Caterers, mobile food unit and pushcart owners shall operate from a licensed (fixed) food establishment. Mobile food unit and pushcart owners shall report at least daily to such location for all food and supplies and for all cleaning and servicing operations.
- (2) The food establishment used as a base of operations for caterers, mobile food units or pushcarts shall be constructed and operated in compliance with the requirements 105 CMR 590.000.
- (3) Any food not completely prepared at the food booth shall be prepared in a licensed kitchen AND this form be filled out.

I, owner of:
(Name of business that will be used as a base of operations)
Whose business address and phone number is:
(Base of operations business address) (Phone number)
Hereby state that I have given permission to:
(Name of caterer, mobile or pushcart owner)
to use my licensed food establishment as a base of operations, to prepare catered foods or to service their mobile unit or pushcart and to store their food and supplies.
I, owner of:
(Caterer, mobile unit or pushcart business name)
promise to use the above identified licensed food establishment to prepare catered meals and/o to service my mobile unit or pushcart and to store, refrigerate, and prepare food as required by the State Sanitary Code, Article X, 105 CMR 590.000. I understand that failure to utilize the boof operations, as intended, will result in the immediate suspension of the food service permit issued by the Easthampton Health Department. I shall inform the Easthampton Health Department immediately if I stop using this base of operations.
Signed Owner of Base of Operations
Signed Date:

# Mobile Food Pre-Operation Inspection Checklist

Sinks/	Warewashing		
	Handwash sinks provided & conveniently located		
	"Employees must wash hands" sign provided at all handwash sinks		
	Soap, paper towels, and a trash barrel provided at all handwash sinks		
	Water temperature at handwash sink at least 100 degrees Fahrenheit		
	3-bay sink provided with bays large enough to submerge the largest equipment and utensils		
	Drainboards, utensil racks, or tables large enough to accommodate all soiled and cleaned items that may accumulate during hours of operation		
	Size of water supply tank:		
	Size of water retention tank: (required to be 15% larger than water tank)		
	Sanitizer provided (chlorine-bleach, quaternary ammonium compounds, or iodine)		
	Sanitizer testing strips available		
	Location where waste water will be exposed:		
Physic	al Facility		
	<ul> <li>Indoor floor, wall, and ceiling surfaces are:</li> <li>Smooth, durable, and easily cleanable</li> <li>Non-absorbent for areas subject to moisture (food prep areas, warewashing areas, and areas subject to flushing or spray-cleaning methods</li> <li>In good repair (i.e. no cracks, peeling up floor tiles, stained ceiling tiles, missing floor tiles, etc.)</li> <li>Light bulbs shielded, coated, or otherwise shatter resistant</li> <li>Thermometers in all refrigerators and freezers</li> <li>Dry storage areas are clean, dry, protected from splash, dust, or other contamination</li> <li>Food is stored at least 6" above the floor</li> <li>Poisonous/toxic materials are labeled and stored so they cannot contaminate food,</li> </ul>		
<b>C</b>	equipment, utensils, and linens		
General D	<u>aı</u> Probe thermometer available		
	Gloves available		
	Unit is clean to sight and touch and free of grease, dust, and/or dirt build up		
	Refrigerators able to maintain foods below 41 degrees F		
	Freezers able to maintain foods at or below 0 degrees F		
	Equipment available for hot holding, if applicable		
	Unit is identified with business name on exterior sides		
	Unit is constructed and arranged so food, beverage, and utensils are not exposed to insects, dust, or other contaminants		

Requir	red Certificates/Posters/Documents		
	Food Protection Manager and Allergen Awareness certificates <b>posted</b> in a conspicuous place for the public		
	Choke training certificate posted in a conspicuous place for the public (25+ seats)N/A		
	A sign stating "a copy of the most recent inspection form is available upon request" hung in a conspicuous location for the public.		
	A clear and conspicuous notice on the printed menu or menu board stating: "Before placing your order, please inform your server if a person in your party has a food allergy"		
	<ul> <li>If applicable, a clear and conspicuous notice on the printed menu and/or menu board stating: "Consuming raw or undercooked meats, poultry, seafood, shellfish, or eggs made increase your risk of foodborne illness."</li> <li>All animal-derived foods shall be identified by asterisking them to the above noted footnote that states that the items are served raw or undercooked, or contain (or may contain) raw or undercooked ingredients.</li> </ul>		
	Allergy poster posted in the food preparation area (approved poster:		
	https://www.mass.gov/doc/food-allergen-awareness-poster-2009/download		
	A copy of the vomiting/diarrheal event plan is available for employees on site.		
	Signed copies of Employee Health Care Policy for every active food employee.		
	Fire Department approval		
Pre-op	peration conducted by:		
Appro	val date:		
Notes:	<u> </u>		